

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 38877

38877

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9901	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 19 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 3744 Cook Avenue			
3. NAME OF DECEASED (Type or Print) Alfred				a. (First) _____ b. (Middle) _____ c. (Last) Norman		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1950	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/17/1904	
9. AGE (In years last birthday) 45		10. MONTHS 11		11. DAYS 3		12. HOURS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker				10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Ballard County, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Will Norman				13b. MOTHER'S MAIDEN NAME Sarah Bonnett		14. NAME OF HUSBAND OR WIFE Clordine Norman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 492-01-5235		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clordine Normanm 3722 Cook Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X			
22. I hereby certify that I attended the deceased from 11-8 , 19 50 , to 11-20 , 19 50 , that I last saw the deceased alive on 11-20 , 19 50 , and that death occurred at 11:55pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lorenz W. Harter D.D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/25/50		24c. NAME OF CEMETERY OR CREMATORY Jackson, T		24d. LOCATION (City, town, or county) (State) m Jackson, Tennessee	
DATE REC'D BY LOCAL REG. NOV 21 1950		REGISTRAR'S SIGNATURE J. B. Lantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates Gates Funeral Home 4107 Finney Ave			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 copy

MAR 3 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John K. Cunningham

Signed _____
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address. 4107 Finney Avenue

Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.